

**APPLICATION FOR TEMPORARY STORAGE UNIT/PODS
FEES ARE NON-REFUNDABLE**

This application is **not** a permit until fees are received and processed.
Any work prior to permit issuance is prohibited.

Application No.: _____

Submittal Date: ___/___/___

Plan Review Date: ___/___/___

LOCATION OF POD (ADDRESS)		
APPLICANT		
ADDRESS	TEL	
CITY	STATE	ZIP

Please identify property type (Site plan must be attached): Residential Commercial

This notarized application for Temporary Storage Unit/PODS certifies that to the best of my knowledge, the information provided herein is true and accurate. I agree to adhere to the Ordinance governing Temporary Storage Units/PODS* within the City of East Point.

Signature _____ Date _____
Applicant

Notary Signature _____ Commission Expiration Date _____

Section to be completed by the City of East Point

PLAN REVIEW # 1

<p>Reviewer: _____</p> <p>Date Review: _____</p> <p>Signature: _____</p>	<p>Check One:</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied - - see comments</p>
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Comments Plan Review #1:

Issue Date: _____ By: _____ Removal Date: _____

***Not to exceed thirty (30) days in residential districts, not to exceed one hundred eighty (180) in non-residential districts.**